



# CITY OF SAN JOSÉ, CALIFORNIA

## Building Division Submittal Form

Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Intake Int: \_\_\_\_\_ Plan Check Int: \_\_\_\_\_

### Minimum Document Submittal Checklist - Mechanical

Project Name: \_\_\_\_\_ PC# \_\_\_\_\_

Project Address: \_\_\_\_\_

Permit Center Staff will review this checklist as a reference guide prior to plan submittal for completeness check.

**Residential:** ☐ New ☐ Alteration **Com/Ind:** ☐ New ☐ TI

	Documents Submitted	Documents Required	
Documents	Applicant	Intake	PC
Submittal Form or Building Permit Form Completed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fee Estimate Worksheet completed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scope of Work on Cover Sheet		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title 24 Energy		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mechanical Equipment Schedule Rated in BTU's/hrs		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Square footage of the project		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor layout with dimensions		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legend for symbols		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Locations, sizes and materials of all equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Locations of all air dampers, fire dampers, smoke-fire dampers, and combustion-products-type smoke detectors		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire-resistive separations detailed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Corridor construction details with openings and penetrations detailed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Food &amp; Drinking Establishments</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Health Department and San Jose Water Pollution Control approved plans for review		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HVAC plans showing all units, size of ducts, roof plan showing locations of roof equipment, distances from exhaust or make-up air to building openings and from property lines		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cut sheets on all hoods, exhaust fans, make-up air units and equipment under hoods		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculations for all hoods		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Spray Booth</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of approved spray booth listing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Btu of heating units listed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof plan showing locations of exhaust outlet and make-up air per 1997 UMC Section 505.9		<input type="checkbox"/> Yes <input type="checkbox"/> No	

To be filled out by Applicant

I understand that an incomplete plan check submittal may result in delays in plan check.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date